

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES**

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER

1 3 0 0 2

2. STATE

Puerto Rico

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

JANUARY 1, 2013

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

1927(d)(2) and 1935(d)(2) of the Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY 2013 \$ (24,570) Savings

b. FFY 2014 \$ (33,890) Savings

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHEMENT

Attachment 3.1 - A, page 10a and 10b

Attachment 3.1 - B, page 10a and 10b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHEMENT (If Applicable)

NEW

This amendment relates to Section 175 of the Medicare Improvement for Patients and Providers Act (MIPPA) of 2008 which amended section 1860D-2(e)(2)(A) of the Act to include barbiturates "used in the treatment of epilepsy, cancer, or chronic mental health disorder" and benzodiazepines in Part D drug coverage.

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED

Executive Director of the Puerto Rico Medicaid Program,  
Department of Health

12. SIGNATURE OF STATE AGENCY OFFICIAL

*Prudencio A. Laureano-Diaz*

13. TYPE NAME

MR. PRUDENCIO A. LAUREANO-DIAZ

14. TITLE

EXECUTIVE DIRECTOR

15. DATE SUBMITTED

March 26, 2013

16. RETURN TO

PUERTO RICO MEDICAID PROGRAM  
PUERTO RICO DEPARTMENT OF HEALTH  
PO BOX 70184  
SAN JUAN PR 00936-8184

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

June 20, 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2013

20. SIGNATURE OF REGIONAL OFFICIAL

*Michael Melendez*

21. TYPED NAME

Michael Melendez

21. TITLE

Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS